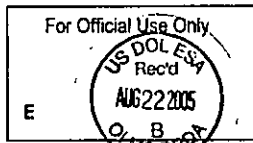


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



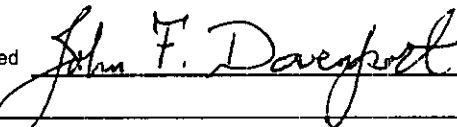
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> 12650	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> <input type="text"/> JOHN DAVENPORT P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 12273 Townsend Road City <input type="text"/> Philadelphia State <input type="text"/> ZIP Code + 4 <input type="text"/> Pennsylvania 19154-1204	4. Name, file number, and address of labor organization. Name <input type="text"/> INT'L Union of Elevator Constrs. Lu Un. No. 5 Labor Organization File Number <input type="text"/> 015-670 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 12273 Townsend Road City <input type="text"/> Philadelphia State <input type="text"/> ZIP Code + 4 <input type="text"/> Pennsylvania 19154-1204
5. Position in labor organization. <input type="text"/> BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text"/> Date 8-12-05	<input type="text"/> Telephone Number 215-676-2555

Name of Person Filing JOHN DAVENPORT

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Elevator Industry Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 Campus Blvd., Ste. 200

City Newtown Square

State Pennsylvania ZIP Code + 4 19073

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

See attached.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Trustee reimbursed expenses related to various trustee meetings for the NEIPP during 2004

12.b. Amount.

\$6,951

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Elevator Industry Educational Prg.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Eleven Larsen Way

City Attleboro Falls

State Massachusetts ZIP Code + 4 02763-1068

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State New Jersey ZIP Code + 4 07024

11.a. Nature of such dealing.

See Attached.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

NEIEP Dinner on 11/10/2004

12.b. Amount.

\$67

Name of Person Filing JOHN DAVENPORT

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lazard Freres

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 Rockefeller Plaza

City New York

State New York

ZIP Code + 4 10020

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Elevator Industry Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 Campus Blvd., Ste. 200

City Newtown Square

State Pennsylvania

ZIP Code + 4 19073-3288

11.a. Nature of such dealing.

Pension fund investment manager

11.b. Approximate dollar value of such dealing.

\$583,644

12.a. Nature of interest held or income received.

NEIPP Trustee dinner on 2/24/2004	\$225
Building & Construction Trade Legislative Conference dinner on 3/28/2004	\$117
NCCMP dinner on 11/30/2004	\$152

12.b. Amount.

\$494

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Markowitz & Richman

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1100 N. American Building

Street 121 S. Broad St.

City Philadelphia

State Pennsylvania ZIP Code + 4 19107

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

See attached

11.b. Approximate dollar value of such dealing.

\$90,000

12.a. Nature of interest held or income received.

Christmas gift of liquor.

12.b. Amount.

\$50

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

LM-30 Attachment

Name: John Davenport
LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

LM-30 Item Number

- 8 The following businesses reported in B8,
9 Markowitz & Richman,

11b

provided services to the labor organization and also provided services to other entities, including trusts in which the labor organization is interested. The DOL software for preparing Form LM-30 does not permit, in part B item 9, selecting more than one answer. Accordingly, the amounts reported in 11b relate only to the services provided to the labor organization and do not include amounts related to dealing with trusts or employers.

- 11a Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the Labor organization, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.